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The expanded spectrum of neuromyelitis optica – evidences for a new definition

O espectro expandido de neuromielite óptica - evidências para uma nova definição

El espectro ampliado de la neuromielitis óptica - evidencias hacia una nueva definición

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The article[1] commented on herein offers a brief historical review of neuromyelitis optica (NMO) and shows the changes that have occurred in the diagnostic criteria in recent decades, including the discovery of the anti-aquaporin 4 antibody (AQP-4) and the introduction of the concept of an NMO spectrum disorders (NMOSD). It is fundamental for ophthalmologists to learn regarding these changes, considering the fact that one aspect of the NMOSD is atypical optic neuritis, for which patients typically seek an ophthalmologist first.

The classic concept of NMO (or Devic's disease) was that it was a variant of multiple sclerosis (MS) characterized by myelitis and concomitant bilateral optic neuritis or, in a short period, associated with serious vision loss and a lower chance of visual recovery than in the case of typical optic neuritis associated with MS.[2] However, other patients with NMO have differently presented with unilateral optic neuritis and without serious vision loss or recurring crises.[2] Therefore, a definitive diagnosis of NMO was difficult, considering the clinical variability and lack of specific laboratory examinations.

The 2004 discovery of AQP-4 in patients with NMO[3] filled this laboratory gap in the diagnostic criteria and provided valuable information regarding the pathophysiology of the disease. The concept of a clinical spectrum of NMO has been introduced, with the existence of limited forms of the disease, one of which is isolated optic neuritis without myelitis.[4]

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In the article commented on herein[1], the authors propose the term expanded spectrum of neuromyelitis optica to include other limited forms of NMO even in patients who test negative for AQP-4. These forms include optic neuritis (without myelitis) presenting with atypical characteristics such as vision loss worse than 20/400 and a lack of visual recovery, in addition to concomitant bilateral impairment or recurrent events. The authors suggests that the presence of typical NMO lesions in a brain MRI may be used as an alternative criterion to the antibody in patients who test negative for AQP-4. However, critical judgment is necessary before MS and other related conditions being excluded in patients with suspected NMO.

The final message of the authors is to call attention about the importance of recognizing the limited forms of NMO (such as atypical optical neuritis) in order to promote early diagnosis and, therefore, an appropriate immunosuppressive treatment to reduce the risk of recurrences and permanent visual or neurological damage.

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